
	<b>MARTINSVILLE FIRE &amp; EMS</b> Standard Administrative Guideline	
	<b>SAG NUMBER:</b>	300.023
	<b>SUBJECT:</b>	EMS Quality Management Program
	<b>REVISION DATE:</b>	February 15, 2008
	<b>EFFECTIVE DATE:</b>	October 20, 2003
	<b>SIGNATURE OF APPROVAL:</b>	 Kenneth S. Draper, Fire Chief

### I. Purpose:

The Martinsville Fire & EMS Department recognizes its responsibility to ensure the delivery of optimal patient care to the citizens of the City of Martinsville and surrounding areas of Henry County. To achieve this goal, the department shall implement a Quality Management Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of the pre-hospital care provided by department personnel.

The criteria used to determine the quality of pre-hospital care includes, but is not limited to, the following:

- A. Department policies and procedures
- B. Western Virginia EMS (WVEMS) Council Regional Operational Protocols
- C. Commonwealth of Virginia EMS Rules and Regulations
- D. Community accepted standards of care

The intention of the EMS Quality Control Program is to be a cooperative working arrangement. The primary goal of the program is to enhance the delivery of optimal patient care. The presumption is made that persons involved desire to perform well. The program will assist personnel by recognizing their accomplishments and identifying areas for continued growth and development.

The goals of the EMS Quality Management Program are to:

- A. Provide an effective and efficient means of identifying potential and actual problems in the delivery of optimal patient care.
- B. Accumulate case data for evaluation to identify individual or service wide trends regarding patient care.
- C. Serve as a process for researching and implementing corrective action for personnel, individually or service wide, who demonstrate actual or potential knowledge / skill deficiency.
- D. Provide input for the development of in-service training based on identification of trends.

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## **II. Scope:**

This SAG applies to all department personnel.

## **III. Responsibility:**

All department personnel are responsible for the guidelines contained in this SAG. A committee, chaired by the Deputy Chief, shall implement and monitor the department's EMS Quality Management Program. Ultimately, the Deputy Chief, and/or his appointees, shall be responsible for enforcement of this SAG.

## **IV. Guideline:**

### **A. Quality Management (QM) Committee**

- 1) The department's QM committee shall consist of one ALS provider from each Operations Division Shift, and the Deputy Chief.
- 2) The committee shall be chaired by the Deputy Chief, who serves as the department's Quality Assurance (QA) officer.
- 3) The committee shall meet on a bi-monthly basis, on odd numbered months, on a mutually agreed upon date and time.
- 4) The committee shall document all aspects of their activity, to include, but not limited to the following:
  - a. Meeting dates and times
  - b. Issues discussed
  - c. Resolutions and/or performance improvement plans
  - d. Operational Medical Director (OMD) involvement
- 5) The committee shall keep and maintain confidentially of information, as to patients and providers involved, at all times. A written statement of confidentiality shall be developed by the QM committee and signed by all committee members, and placed in their department personnel file.

### **B. Continuing Education & Skill Maintenance**

- 1) Department personnel are required to meet the minimum continuing education requirements for their individual EMS certification level as put forth by the Virginia Office of Emergency Medical Services. Guidelines for continuing education requirements are outlined in department **SAG 200.17**.

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- 2) Department personnel are mandated to demonstrate skills proficiency, on a quarterly basis, to the department's OMD and/or his appointed evaluators. Guidelines for the Quarterly Skills Evaluation Program are outlined in department **SAG 200.15**.

C. EMS Patient Care Report (PCR) Evaluation

- 1) The QM committee shall evaluate department EMS PCRs as follows:

- a. Each Operations Division Shift QM member shall evaluate every 10<sup>th</sup> EMS PCR of the preceding shift (i.e., A-Shift QM member evaluates B-Shift PCRs, B-Shift QM member evaluates C-Shift PCRs, etc.).
- b. PCRs are evaluated for, but not limited to:
  - o Completeness of information (i.e., all areas completely filled out, adequate narrative, etc.)
  - o Adherence to department and WVEMS regional protocols
  - o Minimum of one complete set of vital signs
  - o Appropriate procedures performed by appropriate personnel
  - o Medications given, if any (correct drug, dose, route, time, etc.)

**Note:** EMS PCR evaluations must be completed bi-monthly and must be supervised by the department OMD to comply with Virginia EMS Rules and Regulations (12 VAC 5-31-600).

- c. In addition to the evaluation every 10th EMS PCR, each Operations Division Shift QM member shall evaluate PCRs of the preceding shift involving the following EMS call types:
  - o Cardiopulmonary arrest
  - o Chest pain (suspected cardiac origin)
  - o Mutual aid or intercept requests
  - o Mass Casualty Incidents (MCI)
  - o OMD requested or QM committee designated call type (variable call type)

**Note:** The QM committee shall collect specific data sets for these call types based on criteria established during committee meetings and/or as designated by the department OMD. This data will then be analyzed and put into report form, with copies placed in committee meeting minutes and then forwarded to the department OMD for review. These reports shall be completed on a bi-monthly basis.

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- 2) Each Shift QM member shall maintain documentation of their PCR evaluation findings. This information will then be put into report form, with copies placed in committee meeting minutes and then forwarded to the department OMD for review. These reports shall be completed on a bi-monthly basis.
- 3) The department OMD and/or Deputy Chief may also randomly submit PCRs to the QM committee for review, in addition to those noted above.

**D. EMS Quality Improvement (QI) Initiative**

- 1) The QM committee shall institute a continuous QI initiative aimed at improving the quality of patient care provided and the documentation of care through the following:
  - a. Each Operations Division Shift QM member shall review their EMS PCR evaluation findings with the preceding shift (i.e., A-Shift QM member reviews PCR findings with B-Shift, B-Shift QM member reviews PCR findings with C-Shift, etc.).
  - b. The Shift QM member then shall review the findings with the appropriate provider on their shift and provide positive remediation and/or training, addressing any noted deficiencies. The Shift QM member shall maintain documentation of any remediation and/or training provided to a provider. This information will then be put into report form, with copies placed in committee meeting minutes and then forwarded to the department OMD for review. These reports shall be completed on a bi-monthly basis.
  - c. Any EMS PCRs with major procedural and/or protocol issues, and PCRs from providers who repeatedly make errors (i.e., poor documentation) shall be reviewed by the Deputy Chief. The Deputy Chief will evaluate the PCR and determine if there is a need for corrective action, in the form of a performance improvement plan.

**E. Performance Improvement Plan (PIP)**

- 1) The Deputy Chief, based on the severity or frequency of the noted deficiency, may develop and issue a PIP to a provider. The Deputy Chief shall maintain documentation of any PIP issued to a provider, to include verification of the provider's completion of the PIP requirements. This information will then be put into report form, with copies placed in committee meeting minutes and then forwarded to the department OMD for review. These reports shall be completed on a bi-monthly basis.
- 2) In the event the noted deficiency is a serious violation of WVEMS Council Regional Operational Protocols, Virginia EMS Rules and Regulations and/or accepted standards of care, the Deputy Chief shall inform the department OMD of the occurrence. The Deputy Chief shall include a recommendation for the PIP for the provider. It shall be the department OMD's sole discretion to accept or modify the requirements of the PIP.
- 3) PIPs may include, but are not limited to the following:

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- a. Timeframe for the completion of PIP
  - b. Remedial continuing education and/or skill competency training
  - c. Emergency department clinical hours
  - d. Pre-hospital field hours
  - e. Successful completion of EMS adjunct program (i.e., ACLS, BTLs, etc.)
  - f. Restrictions on the providers privilege to practice as attendant in charge (AIC)
- 4) After a PIP has been developed, it shall be issued to the provider in the presence of the provider's Assistant Chief. The Deputy Chief, and/or his appointees, shall monitor the provider's progress in completing the PIP.
  - 5) Failure to satisfactorily complete the requirements of the issued PIP may result in further disciplinary action, as outlined in department policies and procedures and/or the current edition of the City of Martinsville Employee Handbook.

**F. Local Pre-Hospital Care Committee (PHCC)**

- 1) The purpose of the PHCC is to discuss and remediate any concerns of EMS providers and hospital personnel as they relate to the delivery of pre-hospital patient care and the transfer of that care to hospital staff.
- 2) The Deputy Chief, and/or his appointees, shall represent the department at PHCC meetings. Other PHCC members consist of Henry County Public Safety personnel, hospital administrators, and representatives from each volunteer EMS agency in Martinsville and Henry County.
- 3) The PHCC meets the third Thursday of January, March, May, July, September, and November at 4:30 p.m. in the Memorial Hospital of Martinsville / Henry County, Executive Conference Room. The department's OMD co-chairs the meeting with the OMD for Henry County.

**G. WVEMS Regional EMS and Trauma Care Performance Improvement**

- 1) The department shall participate in WVEMS Council committees and regional projects that are designed to assure and improve the quality of pre-hospital patient care throughout the WVEMS region.
- 2) The Deputy Chief, and/or his appointees, shall represent the department at WVEMS meetings.

**H. Enhanced 9-1-1 Statistical Data Analysis**

- 1) The Martinsville/Henry County Communications Center utilizes an enhanced 9-1-1 and computer aided dispatch (CAD) system capable of generating statistical data on all EMS incidents. Statistical data can be requested for review by the department's Deputy Chief, and

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then may be presented to the department's OMD, department personnel, City appointed and elected officials, etc., as needed. The 9-1-1 system provides statistical information including, but not limited to, response times, incident time of day, peak times, total call time, and mutual aid.

This SAG was also endorsed by:

Bruce E. Mazurek, M.D. (Electronic Signature)

March 7, 2008

Bruce E. Mazurek, M.D.  
Martinsville Fire & EMS – Operational Medical Director

Date